ROUTING AND TR	ANSMITTAL SLIP	Date	201	Nay
TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date	
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FROM: (Name, org. symbol, Agency/Post)		R	Room No.—Bidg.	
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041–102	OPTIONAL Prescribed FPMR (41 C	by GSA	•	v. 7–76